Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – ALS – Initial Certification

Patient Name: ____________________________________ ID# _____________________ Certification Date: ________________

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with Amyotrophic Lateral Sclerosis (ALS) on initial certification.

Non-disease specific hospice baseline guidelines: (both 1 and 2 should be met)

1) Physiologic impairment of function status as demonstrated by Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) ≤ 70% due to progression of disease KPS or PPS (circle one) Score: ________%

2) Dependence on assistance for 2 or more activities of daily living (ADLs):
   □ Feeding   □ Ambulation   □ Continence
   □ Transfer  □ Bathing    □ Dressing

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Disease Specific Guidelines: Criteria: Patients should1:

1) Demonstrates critically impaired breathing capacity as demonstrated by all of the following characteristics occurring within the 12 months preceding initial hospice certification:
   □ Vital capacity (VC) < 30% of normal, if available
   □ Dyspnea at rest
   □ Requiring supplemental O₂ at rest
   □ Patient declines artificial ventilation & external ventilation used for comfort measures only

2) Demonstrates both rapid progression of ALS and critical nutritional impairment.
   a) Rapid progression of ALS as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:
      □ Progression from independent ambulation to wheelchair to bed bound status;
      □ Progression from normal to barely intelligible or unintelligible speech;
      □ Progression from normal to pureed diet;
      □ Progression from independence in most or all areas of ADLs to needing assistance by caretaker in all ADLs.
   b) Critical nutritional impairment as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:
      □ Oral intake of nutrients & fluids insufficient to sustain life;
      □ Continuing weight loss;   —— lbs.
      □ Dehydration or   □ Hypovolemia
      □ Absence of artificial feeding methods, sufficient to sustain life, but not for relieving hunger

3) Demonstrates both rapid progression of ALS and life-threatening complications:
   a) Rapid progression as demonstrated in 2a above.
   b) Life threatening complications as demonstrated by one of the following characteristics occurring within the 12 months preceding initial hospice certification:
      □ Recurrent aspiration pneumonia (with or without tube feedings)   □ Sepsis
      □ Upper UTI (e.g., pyelonephritis)   □ Recurrent fever after antibiotic therapy
      □ Stage 3 or 4 decubitus ulcer(s)

Comorbidities: A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

□ Chronic obstructive pulmonary disease (COPD)   □ Diabetes Mellitus   □ Renal failure
□ Congestive heart failure (CHF)   □ Liver disease   □ Neoplasia
□ Neurological disease (CVA, MS, Parkinson’s)   □ Ischemic heart disease   □ Dementia
□ Acquired immune deficiency syndrome (AIDS)   □ Dementia

Examination by a neurologist within 90 days of assessment for hospice to confirm the diagnosis and assist with prognosis. (90 days or 90 days post SOC) Date of Neurology Consultation: __________________

Form completed by: ____________________________________ Date: __________________

1The word “should” in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.